

BETHEL HOME

225 NORTH EAGLE STREET

OSHKOSH 54902

Phone: (920) 235-4653

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 200

Total Licensed Bed Capacity (12/31/02): 200

Number of Residents on 12/31/02: 183

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Nonprofit Church

Skilled

Yes

Yes

Yes

191

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.7
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		42.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.5	More Than 4 Years		25.7
Day Services	No	Mental Illness (Org./Psy)	19.1	65 - 74	2.2			-----
Respite Care	No	Mental Illness (Other)	3.8	75 - 84	29.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.5	95 & Over	9.3	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	3.8		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	32.2	65 & Over	99.5	-----		
Transportation	No	Cerebrovascular	6.6		-----	RNs		15.1
Referral Service	No	Diabetes	7.1	Sex	%	LPNs		5.5
Other Services	Yes	Respiratory	5.5	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.8	Male	14.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	85.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	290	98	98.0	111	0	0.0	0	63	92.6	155	0	0.0	0	0	0.0	0	176	96.2
Intermediate	---	---	---	2	2.0	91	0	0.0	0	5	7.4	140	0	0.0	0	0	0.0	0	7	3.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		100	100.0		0	0.0		68	100.0		0	0.0		0	0.0		183	100.0

*****										
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
		-----								
Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally	Total		
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent	Number of Residents		
Private Home/No Home Health	3.3	Bathing		0.0	71.0		29.0	183		
Private Home/With Home Health	0.0	Dressing		18.0	54.6		27.3	183		
Other Nursing Homes	1.4	Transferring		23.5	46.4		30.1	183		
Acute Care Hospitals	92.5	Toilet Use		21.3	44.3		34.4	183		
Psych. Hosp.-MR/DD Facilities	0.0	Eating		68.9	13.7		17.5	183		
Rehabilitation Hospitals	0.0	*****								
Other Locations	2.8	Continence		%	Special Treatments		%			
Total Number of Admissions	214	Indwelling Or External Catheter		6.0	Receiving Respiratory Care			8.7		
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		57.9	Receiving Tracheostomy Care			0.0		
Private Home/No Home Health	43.0	Occ/Freq. Incontinent of Bowel		51.4	Receiving Suctioning			1.6		
Private Home/With Home Health	7.7	Mobility			Receiving Ostomy Care			3.3		
Other Nursing Homes	0.5	Physically Restrained		27.3	Receiving Tube Feeding			1.6		
Acute Care Hospitals	1.8				Receiving Mechanically Altered Diets			25.7		
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care			Other Resident Characteristics					
Rehabilitation Hospitals	0.0	With Pressure Sores		6.0	Have Advance Directives			95.6		
Other Locations	9.5	With Rashes		2.2	Medications					
Deaths	37.6				Receiving Psychoactive Drugs			51.4		
Total Number of Discharges (Including Deaths)	221	*****								
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities										
*****										
		This Facility	Ownership:		Bed Size:		Licensure:		All	
		%	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio
			%		%		%		%	
Occupancy Rate: Average Daily Census/Licensed Beds		95.5	87.5	1.09	81.7	1.17	85.3	1.12	85.1	1.12
Current Residents from In-County		96.7	79.3	1.22	81.4	1.19	81.5	1.19	76.6	1.26
Admissions from In-County, Still Residing		25.7	21.8	1.18	22.1	1.16	20.4	1.26	20.3	1.27
Admissions/Average Daily Census		112.0	124.6	0.90	97.4	1.15	146.1	0.77	133.4	0.84
Discharges/Average Daily Census		115.7	129.0	0.90	105.8	1.09	147.5	0.78	135.3	0.86
Discharges To Private Residence/Average Daily Census		58.6	50.5	1.16	41.5	1.41	63.3	0.93	56.6	1.04
Residents Receiving Skilled Care		96.2	94.7	1.02	88.0	1.09	92.4	1.04	86.3	1.11
Residents Aged 65 and Older		99.5	96.2	1.03	86.1	1.16	92.0	1.08	87.7	1.13
Title 19 (Medicaid) Funded Residents		54.6	56.7	0.96	72.7	0.75	63.6	0.86	67.5	0.81
Private Pay Funded Residents		37.2	32.8	1.13	16.9	2.20	24.0	1.55	21.0	1.77
Developmentally Disabled Residents		0.0	0.5	0.00	2.5	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents		23.0	35.5	0.65	39.4	0.58	36.2	0.63	33.3	0.69
General Medical Service Residents		20.8	23.8	0.87	26.5	0.78	22.5	0.92	20.5	1.01
Impaired ADL (Mean)		50.8	50.4	1.01	52.3	0.97	49.3	1.03	49.3	1.03
Psychological Problems		51.4	54.7	0.94	59.5	0.86	54.7	0.94	54.0	0.95
Nursing Care Required (Mean)		6.1	6.9	0.89	7.0	0.88	6.7	0.91	7.2	0.85